

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 2
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) American Crossroads			FEC IDENTIFICATION NUMBER ▼ C C00487363		
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Mentzer Media Services			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 06 / 2014		
Mailing Address 600 Fairmount Ave Ste 306			Amount 486332.00		
City State Zip Code Towson MD 21286		Transaction ID : 1 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 02 / 2014			
Purpose of Expenditure TV / Media Placement		Category/ Type 			
Name of Federal Candidate Mark Begich			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AK		
Calendar Year-To-Date Per Election for Office Sought 2179145.52			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Mentzer Media Services			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 06 / 2014		
Mailing Address 600 Fairmount Ave Ste 306			Amount 440249.00		
City State Zip Code Towson MD 21286		Transaction ID : 2 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 10 / 2014			
Purpose of Expenditure TV / Media Placement		Category/ Type 			
Name of Federal Candidate Mark Begich			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AK		
Calendar Year-To-Date Per Election for Office Sought 2179145.52			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			926581.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			 		
(c) TOTAL Independent Expenditures..... ▶			 		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Caleb Crosby</u> <div style="text-align: right;">[Electronically Filed]</div>			Date M M / D D / Y Y Y Y Y Y 10 / 07 / 2014		